

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400562482

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 57667
2. Name of Operator: MINERAL RESOURCES, INC.
3. Address: PO BOX 328
City: GREELEY State: CO Zip: 80632
4. Contact Name: CLAYTON DOKE
Phone: (720) 420-5700
Fax: (720) 420-5800
Email: clay.doke@iptenergyservices.com

5. API Number 05-123-22868-00
6. County: WELD
7. Well Name: HIGHWAY 85-1
Well Number: B12
8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/31/2011 End Date: 03/31/2011 Date of First Production this formation:

Perforations Top: 7184 Bottom: 7194 No. Holes: 40 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Re-frac CODL w/ w/ 128,100 gal fluid and 250,200# 20/40 sand (31,920 gal SW, 96,180 gal xlink gel), 1000 gals 15% HCl
ISIP=2930, ISDP=3880, ATP=4036, ATR=21.2

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3074 Max pressure during treatment (psi): 5528

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 350

Fresh water used in treatment (bbl): 3050 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250200 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/09/2011

Perforations Top: 6883 Bottom: 7194 No. Holes: 88 Hole size: 042/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/19/2011 Hours: 24 Bbl oil: 26 Mcf Gas: 274 Bbl H2O: 41

Calculated 24 hour rate: Bbl oil: 26 Mcf Gas: 274 Bbl H2O: 41 GOR: 10538

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1700 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1294 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7167 Tbg setting date: 07/20/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/31/2011 End Date: 03/31/2011 Date of First Production this formation:
Perforations Top: 6883 Bottom: 7014 No. Holes: 48 Hole size: 042/100
Provide a brief summary of the formation treatment: Open Hole: ☐

Perf. Frac NBRR A [6,883'-6,889'] & NBRR B [7,008'-7,014'] w/ 220,878 gal fluid (125,412 gal SLKW, 95,466 gal XLG)& 297,150# sand (243,400# 20/40 & 53,750# 40/70)
ISIP=3520, ISDP=3550, ATP=4857, ATR=53.7

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 5259 Max pressure during treatment (psi): 5223
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 9.98
Type of gas used in treatment: Min frac gradient (psi/ft): 0.95
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 350
Fresh water used in treatment (bbl): 5259 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 297150 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: CLAYTON DOKE
Title: SENIOR ENGINEER Date: Email: clay.doke@iptenergyservices.com

Attachment Check List

Att Doc Num Name

400562493 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)